

STATE OF WISCONSIN

DEPARTMENT OF HEALTH AND FAMILY SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
BUREAU OF PROGRAMS AND POLICIES
COMMUNITY SERVICES SECTION



BRIGHTER FUTURES INITIATIVE

BFI PLAN

****INSTRUCTIONS & RESOURCE PACKET****

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BFI Annual Plan/Instruction Packet/Annual Report (Attachment G) are for REFERENCE PURPOSES ONLY. Do not complete or send with the RFP packet.

INTRODUCTION

The Brighter Futures Initiative (BFI) is a partnership between State, Tribal, and local government and the community. This Initiative is enhancing local prevention and youth development efforts by:

- Fostering the coordination of prevention efforts at the local/county level.
- Utilizing innovative strategies to maximize and leverage resources.
- Providing greater flexibility in the use of funds while maintaining programmatic and fiscal accountability.
- Supporting evidence-based efforts by providing enhanced technical assistance and consultation.

The mission of BFI is to help our children, youth, families and communities achieve their maximum potential by promoting:

- Healthy families and youth,
- Child safety in their families and communities,
- School readiness for children, and
- Successful navigation from childhood to adulthood.

The Brighter Futures Initiative supports evidence-based youth development and prevention strategies to achieve the following **BFI legislative outcomes** set forth in Wis Stat s.46.99:

- Prevent and reduce the incidence of youth violence and other delinquent behavior.
- Prevent and reduce the incidence of youth alcohol and other drug use and abuse.
- Prevent and reduce the incidence of child abuse and neglect.
- Prevent and reduce the incidence of non-marital pregnancy and increase the use of abstinence to prevent non-marital pregnancy.
- Increase adolescent self-sufficiency by encouraging high school graduation, vocational preparedness, improved social and other interpersonal skills and responsible decision-making.

Evidence-based means a program [or strategy] that is theory-driven, has activities/interventions related to the theory of change underlying the program model, has been well implemented, and has produced empirically verifiable outcomes, which are assumed to be positive.

SAMHSA's Prevention Platform, <http://www.prevtech.samhsa.gov/>

While focusing on the legislative outcomes, BFI projects reflect the unique needs and resources of each local community. Many Brighter Futures projects consist of partnerships between agencies, such as: County Social/Human Services, Health Departments, School Districts, Police Departments, Churches, Community Centers, and other Non-profit Agencies.

Brighter Futures also encourages coordination of prevention efforts within BFI counties to avoid unnecessary duplication of services. Collaborative relationships and coalitions between County government agencies, Tribal government agencies, schools, faith-based communities, youth organizations, parents and families create a "prevention foundation" within the county, and in some cases, beyond county boundaries. These local coalitions produce innovative strategies to leverage and maximize resources during times of tight fiscal budgets and limited grant opportunities.

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INSTRUCTIONS

The **Brighter Futures Initiative Plan** consists of:

- **SITE CONTACT INFORMATION**
- **SITE NARRATIVE**
 1. Overview of Prevention in your Community
 2. Prevention Coordination Efforts and Coalitions
 3. Needs and Resource Assessments
- **PROGRAM DESCRIPTIONS** (Need separate Program Descriptions for **each** program.)
 1. Goal Statement (brief project description)
 2. Target Group (age/demographics), Setting, Estimated Number to be Served
 3. BFI Funds; Leveraged Funds and/or Community Partners
 4. Strategies/Activities (**list evidence-based program materials or curriculum if applicable**)
 5. Theory of Change (why do you think these strategies will achieve the program goal)
 6. Project Outcomes and Benchmarks
 7. Long-term Outcomes and Measurement Tools
- **BFI BUDGET** (Please attach the BFI Excel Spreadsheet)

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Please review the following definitions, examples, and “things to consider” prior to writing your BFI Plan. I’ve suggested some ideas to assist you with this process. Please feel free to include anything else that demonstrates the value of your BFI programs. You may use the formatting that works best for your *Program Descriptions* section (e.g. bullets, numbers, paragraphs/pages, combinations, etc.) as long as you clearly address the seven sub-sections (Goal Statement through Long-term Outcomes & Measurement Tools.)

The BFI Plan serves as a “logic model” for planning and reporting purposes. It will also help you determine possible technical assistance needs, or areas in your prevention programs that may need “enhancement” during the upcoming year. If you’re able to complete this logic model, *ideally*, you (or your community partners) should be able to utilize this information when applying for federal grants (Dept. of Health & Human Services, Dept. of Education, Dept. of Justice/OJJDP, etc), state grants (DHFS, DPI, OJA), and private grants.

If you have any questions regarding the BFI Plan, please feel free to contact our office:

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SITE NARRATIVE

1. Overview of Prevention in your Community

Things to Consider:

- How has BFI impacted prevention services in your community?
- Comparison of “where you were before BFI compared to where your Brighter Futures program is heading in 2007.”
- Can you utilize elements of your “Elevator Talk” - “Lessons Learned” - “Participant Anecdotes”?

2. Prevention Coordination Efforts and Coalitions

- How do you communicate with other service providers, county/tribal agencies, community leaders, etc. to coordinate prevention services?
- Please list collaborative/coordinated programs, projects, grants, etc.

Things to Consider:

- How will your prevention project or coalition communicate and coordinate services between local agencies, service providers, and the community to be served? (county, municipal, Tribal, schools, non-profit, faith-based organizations, youth and parents, etc.)
- Is this project maximizing resources (e.g. funds, staff, facilities, joint grant applications) versus competing with similar programs, services, and grants within your community? Have you compiled, or do you have available, a community resource list that identifies local services and resources?
- Have there been projects started with BFI funding in the past that are now being “sustained” or incorporated into your local government, school, or community programs?
- Do you have an active coalition; and/or can you consolidate with an existing coalition in your community such as the *Promoting Safe and Stable Families* or the *State Incentive Grant* coalitions?
- Does your coalition include members of the cultural and socioeconomic populations to be served? Have you included parents of the targeted youth population on your coalition or in the planning and implementation stages of your project?
- NOTE: The Wisconsin Clearinghouse can provide technical assistance regarding coalition building if you’re having problems recruiting or sustaining an active coalition.

3. Needs and Resource Assessments

- Please indicate what assessment tools were utilized to determine the need for this prevention project in your community? How current are these surveys and/or assessment tools?

Things to Consider:

- The needs assessment should answer “why” you’re implementing this specific project or prevention strategy. How were the community needs and resources assessed to determine which prevention project would be implemented? (e.g. community meetings, local statistics, local surveys, geomapping, etc.)
- Have local SIG or County Prevention coalitions, service providers, or school districts (via the WI Youth Risk Behavior Survey/YRBS), conducted a recent needs assessment that you can access?

BFI PLAN * INSTRUCTIONS & RESOURCE PACKET * **FOR REFERENCE ONLY****PROGRAM DESCRIPTION** (**Separate descriptions for **each** BFI project.**)**1. Goal Statement & Brief Project Description:**

In your goal statement, refer to the BFI legislative outcome(s) that your project will address; for example, your project may have a primary focus of Youth ATOD Prevention, but secondary outcomes may include Teen Pregnancy/STD Prevention, Delinquency Prevention, and Adolescent Self-Sufficiency Promotion. (Most BFI programs have a multi-faceted prevention and youth development focus that addresses most, if not all, the BFI outcomes.)

2. Target Group/Demographics/Setting/Estimated Number to be Served:

How will the individuals in this project be selected? **How many** individuals do you estimate will be served by this project; **age range**, socio-economic, cultural demographics; what is the setting (school, community center, home, etc.)? **Examples** of the target group for the fictitious “Reconnecting Youth” project:

- Students at *Central High School* who show signs of poor school achievement as evidenced by one or more of the following:
 - “D” grades or lower in two or more classes.
 - Missing more than 7 days of school in a month.
 - Referral for behavior problems.
- Estimated number to be served: **50** youth will be served in each grade for an estimated total of **200** youth.
- **Age Range: 14-18**
- Predominately Hispanic, African-American, and Caucasian urban youth

3. Leveraged Funds and Community Partners:

Please list the BFI funds budgeted for this project and additional Federal, Local, Private Foundation funding leveraged into this project, *if applicable*.

Is this is a collaborative project with other agencies, school programs, or community partners? (Include joint grant applications and pooled resources such as staff, transportation services, facilities, etc.) **Example:**

- “Johnson County Youth ATOD Prevention Project”
- \$15,000 BFI
- \$15,000 State Incentive Grant/SIG
- \$ 5,000 SAPT Block Grant (20% prevention allocation)
- \$ 2,500 Promoting Safe & Stable Families (Family Support/Prevention)
- \$ 2,500 Office of Juvenile Justice & Delinquency Prevention Grant
- \$ 2,000 Safe and Drug-Free Schools & Communities (discretionary community grant)
- \$ 1,500 “Mary & John Smith Foundation” (private funder)
- \$43,500**
- Community partners involved with this project:
 - Prevention Network Services, Inc. (BFI and SIG subcontracted agency)
 - St. Mary’s Summer Youth Program
 - Johnson Community School District
 - Johnson County “MADD” Chapter

4. Strategies/Activities:

List the primary activities involved in this project. Please include the frequency and/or duration of the project (e.g. “daily after school for three hours,” “one day per week for three hours,” three-month advertising campaign,” etc.)

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Please list evidence-based program materials or curriculum if applicable.

Examples of strategies/activities for a hypothetical three-month “Counter Tobacco Advertising” project:

- Develop radio and television *PSAs* (Public Service Announcements) to air **daily** on popular youth programs/stations during the **three-month** advertising campaign.
- Design billboards and locate where youth are likely to view them.
- Place *PSAs/advertisements* in **monthly** school newspapers.

Examples of strategies/activities for a hypothetical “Reconnecting Youth” project:

- *Personal Growth Classes* will be taught **daily** by school counselors during a **12-week** session. Classes will include exercises to enhance self-esteem, teach social skills, communication skills, and positive decision-making skills. Program and evaluation materials will be provided from the program designers.
- *Friday Evening Movies* will be **held monthly** for “Reconnecting Youth” students as well as other students interested in ATOD-free activities. Students will watch and discuss movies showing positive teenage role models.
- *Individual Counseling* will be available to students by means of teacher referral, parent referral, or self-referral **throughout the school year**.

5. Theory of Change:

Why do you think these strategies/activities will achieve the program goal? It can be helpful to think about your project as a series of “If/Then” statements. *****Please note if this program, strategy, curriculum, or assessment tool is identified or associated with a “Promising,” “Effective,” or “Model/Exemplary” Program or endorsed by the Center for Substance Abuse Prevention, Dept. of Education, Office of Juvenile Justice and Delinquency Prevention, American Medical Association, MADD, Boys & Girls Clubs, etc.***

- If this happens – “then we expect”, or “*research* indicates”, or “our past experience and evaluation (data) of this program indicates” - this to happen. (Please reference the research, data, or theory when applicable – e.g. Search’s 40 Developmental Assets, the Risk & Protective theories, etc.)
- Is this prevention program based on qualitative (narrative, observations, etc.) or quantitative (numbers, statistical) research showing a causal or correlational effect for this approach?

6. Project Outcomes, Benchmarks, & Assessment tools:

These are the effects that you expect to achieve after the project is completed. It answers the question, “What changes are expected as a result of the project and how will we measure these changes?” Please indicate the assessment tool or strategy used to measure changes. Several methods can be used to set realistic benchmarks:

- If you are using an evidence-based program, you can set benchmarks based upon what the program developer has achieved in similar communities.
- Use your own experience with a similar group to set realistic outcomes.
- Use national, state, or local data to give you a target at which to aim (e.g. reduce your community’s truancy, teen pregnancy, or underage drinking rates below the State’s average).

Examples of Project Outcomes with Benchmarks:

“Reconnecting Youth” project:

- 35 of 50 youth (70%) enrolled in the “Reconnecting Youth” project will increase their GPA by .5 by the end of the school year, as measured by their *Central High School* report cards.
- 35 of 50 youth (70%) in the “Reconnecting Youth” project will improve their school attendance rate by a minimum of 50% while enrolled in the program as measured by *Central High School* attendance and truancy records.

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- 40 of 50 youth (80%) participating in the *Personal Growth Class* will demonstrate increased self-esteem, positive decision-making and social skills, and communication skills as indicated by pre and post tests provided by program designers.

“Counter Tobacco Advertising” campaign:

- Youth attending an after-school program in the “Counter Tobacco Advertising” campaign area will demonstrate a 25% increased perception that smoking tobacco is a negative behavior as indicated by pre and post campaign surveys.
- These youth will demonstrate a heightened awareness of the tobacco industry’s advertising tactics as indicated by discussion groups held at the after-school program before and after the campaign.

Inevitably, smaller programs are at a disadvantage due to the possibility of 2 or 3 high-risk youth or families significantly lowering outcome percentages. The **outcome analysis** section of the Annual BFI Report has been helpful since it explains these glitches, "lessons learned" and program/outcome modifications - whereas the statistics, in a graph or chart, do not. We often aim for 80-90% positive outcomes in our Annual Plans, however that is not always reasonable depending on the target population and targeted behavior. For instance, SAMHSA Model Programs document a wide range of increased positive outcomes - some are quite modest - depending on the program focus.

Brighter Futures is a dynamic, community-driven initiative which continues to evolve based on program outcomes as well as "lessons learned." We understand that most community-based organizations do not have the capacity to conduct high-end scientific program evaluations. Your continuing effort - especially program staff and volunteers - to document outcomes and enhance your youth development and prevention programs based on outcome analysis, is greatly appreciated.

7. Intermediate/Long-term Outcomes and Measurement Tools:

- This reflects the intermediate or long-term effect/impact the prevention project hopes to achieve. It should summarize your project goal and how you’ll know (e.g. 1, 3, 5, or 10 years from now) if you’ve been successful. (Refer to your project’s goal statement and the BFI legislative outcomes.)
- What “measurement tools” will be used to determine intermediate/long-term effectiveness? (CAN or Juvenile Justice statistics for clients, interviews, questionnaires, surveys, community data, etc.)
- The long-term outcomes should “logically” bring you back to your goal statement.

EXAMPLE of an annual BFI Report Template:

CY 2005 BFI SITE SUMMARY & PROGRAM ANALYSIS

Total Number Served by County BFI projects during CY 2005: _____

Please highlight your program's CY 2005 achievements, collaborations, systems changes, as well as 2005 challenges and "lessons learned."

INDIVIDUAL PROJECT OUTCOMES & ANALYSIS

Please submit separate Outcomes/Analysis for each BFI project, addressing the following areas.

1. Brief Project Description; include *evidence-based* programs, strategies, curriculum as applicable.
2. Actual Number Served, Age range, Racial demographics, Setting (Home/School/Community Center, etc.)
3. BFI Funding/Project Collaborations/Leveraged Funds (if applicable)
4. List your *Anticipated* Project Outcomes **from the 2005 Plan**, followed by the ***Actual Outcomes***; describe the assessment/measurement tools used.

5. **Outcome Analysis:** What is your interpretation of the data - include "lessons learned," mid-year adjustments, program modifications, outcome modifications, participant anecdotes, etc. Based on lessons learned, what will be done differently next year. Feel free to include any additional outcome data, articles, brochures, PowerPoint, videos, etc. that showcase your efforts. Participant anecdotes can be compelling testimony to the impact your project is having on youth and parents.

Examples of Intermediate/Long-term Project Outcomes:

"The CAN rate was 0.4% (1 of 242) for *Parent Connection Program* families (first time parent identified with moderate/high parental stress levels) as compared to approximately 14% for the general County population."

"Since program's inception in 2001, 98% of families participating in program have had no substantiated cases of child abuse & neglect; 80.5% of youth (moderate/high-risk population) have had no human service/judicial system involvement."

"91% of families (high-risk) did not have abuse/neglect referrals during 2005 program participation; 98% of families whose services closed in 2003 had no substantiated cases of child abuse & neglect one year after ending services."

Fact Sheet: **Positive Youth Development**

U.S. Department of Health & Human Services, Administration for Children & Families
<http://www.acf.hhs.gov/programs/fysb/content/positiveyouth/factsheet.htm>

The Positive Youth Development approach suggests that helping young people to achieve their full potential is the best way to prevent them from engaging in risky behaviors. Organizations and communities that promote Positive Youth Development give youth the chance to exercise leadership, build skills, and get involved. The self-confidence, trust, and practical knowledge that young people gain from these opportunities help them grow into healthy, happy, self-sufficient adults.

Positive Thinking Leads to Positive Results

When community members and policymakers harness the positive energy and initiative of youth, good things happen:

- Youth believe they can be successful instead of internalizing the negative stereotypes about them that often appear in the media.
- Youth engage in productive activities that build job and life skills and reinforce community-mindedness.
- Youth grow comfortable questioning and exploring their roles as citizens in a participatory democracy.

In addition, adults who work closely with youth—and therefore see their dedication, responsibility, and willingness to learn—tend to view youth positively.

Positive Youth Development Takes Many Forms

Organizations and communities put Positive Youth Development into practice by allowing young people to help make important decisions about their own lives, the organizations that serve them, and their communities.

You can put Positive Youth Development into practice by:

- Recruiting young people to volunteer for local grassroots organizations
- Showing youth how to start their own newspapers or Web sites
- Asking high school students to co-teach classes with their teachers
- Teaching young people to conduct surveys on community and school resources
- Encouraging local businesses to sponsor job fairs and job shadowing days
- Inviting youth to serve on the board of a local nonprofit organization
- Creating a youth board that advises State or local government on issues young people care about such as violence prevention, transportation, and afterschool activities

Many local programs offer young people positive opportunities. The Boys & Girls Clubs of America, National 4-H Council, and YMCA of the USA, for example, are national organizations that promote the Positive Youth Development approach through their local program affiliates. Smaller organizations—such as local runaway shelters, afterschool centers, mentoring programs, and job training sites—promote Positive Youth Development, too.

The Evidence Is Growing

The nonpartisan National Academy of Sciences conducted a 2-year study to find out how effective community-level programs are at helping youth. The resulting report, *Community Programs To Promote Youth Development* (2002) concluded that “adolescents who spend time in communities that are rich in developmental opportunities . . . experience less risk and show evidence of higher rates of positive development.” The report also recommended that each community offer a variety of activities to accommodate the different interests and abilities of young people. Research into Positive Youth Development’s efficacy continues at universities around the country and at organizations such as the Search Institute, Girl Scouts of the USA, and 4-H.

A Role for Everyone

Everyone has a role to play in helping his or her community promote Positive Youth Development:

- Neighborhood leaders and community members can involve young people in measuring how well the community supports youth, and then work together to improve services.
- Policymakers can engage youth in discussions about policies that affect them.
- Business leaders can teach young people the skills they will need for successful employment.
- Youth service organizations can encourage youth participation in every aspect of their work.
- Members of the media can help give young people outlets for expressing their views.
- Treatment providers can engage adolescent treatment recipients in service to others, for instance, as peer educators.
- Teachers and school administrators can ensure that school policies, procedures, and teaching methods engage young people fully.
- Faith-based institutions can involve young people in community activities.
- Parents can strive to engage their children in positive activities that nurture their talents, skills, and interests.

Contact: For more information on Positive Youth Development, visit www.ncfy.com. Or contact the National Clearinghouse on Families & Youth, P.O. Box 13505, Silver Spring, Maryland 20911-3505; (301) 608-8098; fax: (301) 608-8721; e-mail: info@ncfy.com.

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How does the Wisconsin Prevention Network define Prevention?

The **Wisconsin Prevention Network (WPN)** is a statewide membership association of individuals and organizations working together to assure human and financial resources for prevention and wellness. The **Wisconsin Prevention Network** is a voluntary, incorporated, non-profit organization consisting of professionals and interested persons from a variety of health and human service disciplines throughout the state. WPN members currently represent over 30 prevention areas. Wisconsin Prevention Network website: <http://www.wisprevnet.org/>

Prevention is a pro-active process of promoting supportive institutions, neighborhoods and communities that foster an environment conducive to the health and well being of individuals and families. Prevention may be targeted to specific populations or the larger community by:

- Promoting knowledge, attitudes, skills, values and relationships;
- Promoting personal competence, significance and empowerment;
- Promoting responsibility, judgment, communication and conflict resolution;
- Promoting cultural competency and sensitivity to differences;
- Promoting community-wide asset building initiatives;
- Promoting healthy support systems in families, schools, workplaces and communities;
- Promoting healthy lifestyles and resistance to physical and psychological illness/injury;
- Involving citizens in creating cultural changes related to health and wellness; and
- Counteracting harmful circumstances such as health and safety hazards, isolation, violence, economic hardship and inadequate housing, childcare, transportation, education or social services

Prevention strategies have the following characteristics which set them apart from other approaches in the health and human services arena:

Active vs. Reactive. Prevention efforts occur before the onset of disease or distress. In this respect, prevention differs from treatment and rehabilitation which are reactive, or responsive to already existing problems.

Needs vs. Problems. While prevention activities can be expected to have an impact on health and social problems, they are aimed at meeting human needs: the needs for survival, protection, love, identity and self-fulfillment.

Focus on Assets. Prevention efforts focus on developmental assets including: commitment to learning, positive values, positive identity, social competencies, support, empowerment, positive expectations and constructive use of time.

Generic Approach. Prevention strategies are less categorical than treatment programs and cut across the traditional disciplines: health, mental health, alcohol and drugs, developmental disabilities, juvenile justice and others.

Personal Responsibility. Prevention is based on the belief that individuals can and should assume more responsibility for their health and that we need to become less dependent on illness care, social welfare and penal systems.

Combined Effort. Prevention activities involve the efforts of a broad cross-section of professionals and volunteers, including: families, employers, peers, schools, agencies, voluntary associations, government employees and elected officials.

Individual/Environment. Prevention recognizes that health involves two dimensions: a personal dimension that includes inherited and behavioral factors, and an environmental dimension. Individuals cannot be healthy in an unhealthy environment.

Cost Effective. Prevention strategies are targeted toward groups and systems rather than individuals. Thus, their cost per person is considerably cheaper than traditional treatment or rehabilitation approached.

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Brighter Futures Initiative Legislation
(1999 Wisconsin Act 9, Section 1122, 46.99)

46.99 Brighter Futures Initiative.

(1) DEFINITIONS. In this section:

- (a) “Nonprofit corporation” means a non-stock, nonprofit corporation organized under ch. 181.
- (b) “Public agency” means a county, city, village, town or school district or an agency of this state or of a county, city, village, town or school district.

(2) AWARDING OF GRANTS.

(a) From the appropriations under s. 20.435 (3) (eg), (km) and (nL), the department, beginning on January 1, 2001, shall distribute \$2,125,200 in each fiscal year to applying nonprofit corporations and public agencies operating in a county having a population of 500,000 or more and \$1,229,300 in each fiscal year to applying county departments under s. 46.22, 46.23, 51.42 or 51.437 operating in counties other than a county having a population of 500,000 or more to provide programs to accomplish all of the following:

1. Prevent and reduce the incidence of youth violence and other delinquent behavior.
2. Prevent and reduce the incidence of youth alcohol and other drug use and abuse.
3. Prevent and reduce the incidence of child abuse and neglect.
4. Prevent and reduce the incidence of non-marital pregnancy and increase the use of abstinence as a method of preventing non-marital pregnancy.
5. Increase adolescent self-sufficiency by encouraging high school graduation, vocational preparedness, improved social and other interpersonal skills and responsible decision making.

(b) A nonprofit corporation or public agency that is applying for a grant under par. (a) shall provide to the department a proposed service plan for the use of the grant moneys. If the department approves the service plan, the department may award the grant. The department shall award the grants on a competitive basis and for a 3-year period.

(3) OUTCOMES EXPECTED.

(a) The department shall provide a set of benchmark indicators to measure the outcomes that are expected of a program funded under sub. (2) (a). Those benchmark indicators shall measure all of the following among youth who have participated in a program funded under sub. (2) (a):

1. The rate of participation in violent or other delinquent behavior.
2. The rate of alcohol and other drug use and abuse.
3. The rate of non-marital pregnancy and the rate at which abstinence is used to prevent non-marital pregnancy.
4. The rate of substantiated cases of child abuse and neglect.
5. The development of self-sufficiency, as indicated by the rate of high school graduation, the degree of vocational preparedness, any improvements in social and other interpersonal skills and in responsible decision making and any other indicators that the department considers important in indicating the development of adolescent self-sufficiency.
6. Any other indicators that the department considers important in indicating the development of positive behaviors among adolescents.

(b) The department shall require a grant recipient under sub. (2) (a) to provide an annual report showing the status of its program participants in terms of the benchmark indicators provided under par. (a) and may renew a grant only if the recipient shows improvement on those indicators.

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